


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90069 029 ****61.25

DOCUMENT # 736325

1. Entity Name
BOYNTON BEACH JEWISH CENTER BETH KODESH, INC.



Principal Place of Business
 501 NE 26TH AVE
 BOYNTON BCH, FL 33435

Mailing Address
 501 NE 26TH AVE
 BOYNTON BCH, FL 33435

60010946



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1680041 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BIRDIE, LEO
5203 C EUROPA DRIVE
BOYNTON BEACH, FL 33437

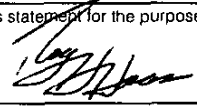
7. Name and Address of New Registered Agent

Name **ROY H. HAAS**

Street Address (P.O. Box Number is Not Acceptable)
8200 LAKESHORE DRIVE

City **HYPOCUXO** FL Zip Code **33462**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ROY H. HAAS, PRESIDENT** (NOTE: Registered Agent signature required when reinstating)

DATE **17 January 2006**

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BIRDIE, LEO	
STREET ADDRESS	5203 C EUROPA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, FRED	
STREET ADDRESS	5259 E EUROPA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	FVP	<input type="checkbox"/> Delete
NAME	GORIN, AMY	
STREET ADDRESS	5204 M EUROPA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	T	<input type="checkbox"/> Delete
NAME	KURTZMAN, JAMES	
STREET ADDRESS	9872 LEMONWOOD WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY H. HAAS	
STREET ADDRESS	8200 LAKESHORE DRIVE	
CITY-ST-ZIP	HYPOCUXO, FL 33462	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR FARRAS	
STREET ADDRESS	11626 LOS ANO DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **ROY H. HAAS, PRESIDENT**

DATE: **17 Jan 2006** DAYTIME PHONE #: **561 347-3277**